

According to Minor, the rapid development of the symptoms after the initial trauma, and their equally rapid retrogression, are in favor of the hypothesis of an effusion of blood into the spinal cord. This hypothesis is also supported by the findings on autopsy. The author, therefore, believes himself justified in supposing that in his cases there was a hemorrhage in the neighborhood of the central medullary canal, or of the anterior or posterior horns, such hemorrhage leading in time to the formation of a central glioma.

J. W. B.

DISSOCIATION OF THE THERMIC SENSIBILITY IN A CASE OF SYRINGOMYELIA; AUTOPSY.

F. Dejerme and A. Thuilant publish (*Médecine Moderne*, February 5th, 1891—*Lo Sperimentale*, March 15th, 1891,) the clinical report of a case in which the diagnosis of syringomyelia was confirmed by the autopsy. The case presents very unusual features, and is of importance clinically and physiologically. The tactile sense and the sensibility to pain were unimpaired, nor was sensibility to cold affected. On the other hand, sensibility to heat was lost over a very large area.

It is this phenomenon of the dissociation of the sensibilities to heat and to cold which gives value to the case, and it was on this symptom that the authors principally based their diagnoses of syringomyelia.

J. W. B.

NEURASTHENIA IN ITS RELATIONS TO THE ALTERATIONS OF THE DIGESTIVE TRACT.

Dr. Champagnac has recently published an important monograph on the above subject. The following are his conclusions, according to the "*Gazzetta degli Ospitali*," March 29th, 1891.

1. The conjunction of gastrectasia, of prolapse of the right kidney, and of neurasthenic symptoms is absolutely incontestable.
2. It is possible, by judicious treatment of the dilatation of the stomach, to cure the nervous symptoms which accompany and follow it.
3. This treatment does not cause the dilatation to disappear, but arrests the phenomena of auto-intoxication, the point of departure of the neurasthenic disturbances.
4. Although the gastrectasia does not disappear, the patient ceases to be a nervous invalid.

5. In the pathogenesis of the neurasthenic symptoms, the author does not accept the theory of Glenard (enteroptosis), preferring rather that of Bouchard (the pathogenetic importance of the gastric dilatation).

6. He finds the nervous theory (Beard) insufficient, and incapable of explaining the neurasthenic phenomena when these have been preceded by the dyspeptic symptoms.

NERVOUS APHONIA OF FOUR WEEKS' DURATION, CURED BY SUGGESTION DURING HYPNOTIC SLEEP.

Emile Müller (Gaz. méd. de Strasburg—Gaz. hebdom. des Sciences Médicales, April 4th, 1891) relates the following case: Miss R., thirty years of age, was sent to him by her physician to be treated for aphonia, from which she had been suffering for four weeks without interruption. She had had three previous attacks, none of which had lasted for more than a week. Expectorants, inhalations, the continuous current, all had been employed without effect.

Laryngoscopic examination was negative. Dr. Müller tried faradization without result. He then concluded to employ hypnotism. He succeeded in hypnotizing her without difficulty, promising her that he could probably restore her voice, if she allowed herself to go to sleep.

While she was in deep sleep, he suggested to her that her voice had returned. He then asked her her name, and she replied in a clear, strong voice. She also answered other questions put to her. Dr. Müller finally raised her from the hypnotic sleep, and she, wishing to apologize for having gone to sleep, perceived that she was speaking in her natural voice. She remained under observation for about a fortnight, and had no further aphonia during that time.

J. W. B.

THE ÆTIOLOGY AND TREATMENT OF CHOREA.

Dr. Groedel, of Wanheim, read a paper (Internationale klinische Rundschau, April 19th, 1891) on this subject at the recent Congress of Balneology at Berlin. He first made a brief reference to the various prevailing views as to the ætiology of chorea, with especial reference to its relation to rheumatism and diseases of the heart. He stated that the occurrence of these affections and chorea in the same individual was undoubtedly very frequent. The real connection between them was, however, not yet clear. Probably